

Attachment A MRC Training Referral Form

Please include the following documents with the MRC Training Referral Form when referring a consumer for training:

Individual Plan for Employment

Shared Customer Release Form

MRC Local Area Office: _____

MRC Staff Providing the Referral:

Name:	Email:
	Phone:

MRC Consumer Information:

MRCIS Client ID#:

Name:	Email:
	Phone:

Name of Career Center:

Name:	Date:
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Career Center Single Point of Contact:

Name:	Email:
	Phone: